3404901 SMOXY MOD/ 3404904 WESTE DS LM 3404904 PATHW	VVIDER NAME 'Y MOINTAINM '/SAS EEN HIGHLAN ME	8599 8599 11 11 8565	NUMBER OF DENTALS 1446 1446 1442 27	MORTH CASOLINA PRESCHECKHRITE SIMMANY REPORT CHECKHRITE DATE: 02/28/2007 FINANCIAL PAYER: NCOMB DESCRIPTION DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE CLIAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EXCERCS THE ALLOWABLE OF THO OCCURRENCES PER FOP GROUP HITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BERNICE EXCERCS THE ALLOWABLE OF THO OCCURRENCES PER FOP GROUP HITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	TNC DENIALS 5	TOTAL DENIALS 2102	PAGE: 1 TOTAL CLAIMS FINALIZED 2206	TOTAL CLAIMS PAID
NUMBER PROV 3404901 SMOXY W/DD/ W/DD/ 3404904 WESTER DS LM 3404910 PATHN	VIDER NAME Y MOUNTAINM //SAS TERN HIGHLAN ME	EORS 21 21 21 21 21 21 21 21 21 21 21 21 21	NIMBER OF DENIALS 1446 1333 131 142 27 1	DESCRIPTION DESCRIPTION DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BERNEIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EXCREDS THE ALLOWABLE OF TWO OCCURRENCES PER FOP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	DENIALS 5	DENIALS 2102	CLAIMS FINALIZED	CLAIMS PAID
NUMBER PROV 3404901 SMOXY W/DD/ W/DD/ 3404904 WESTER DS LM 3404910 PATHN	VIDER NAME Y MOUNTAINM //SAS TERN HIGHLAN ME	EORS 21 21 21 21 21 21 21 21 21 21 21 21 21	DENTALS 1446 3333 131 142 27 1	DESCRIPTION DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENETIF FACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EKCEEDS THE ALLOWABLE OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	DENIALS 5	DENIALS 2102	CLAIMS FINALIZED	CLAIMS PAID
NUMBER PROV 3404901 SMOXY W/DD/ W/DD/ 3404904 WESTER DS LM 3404910 PATHN	VIDER NAME Y MOUNTAINM //SAS TERN HIGHLAN ME	EORS 21 21 21 21 21 21 21 21 21 21 21 21 21	DENTALS 1446 3333 131 142 27 1	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE CLAIM DENIED DUE TO INSUFFICIE NT SUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EXCEEDS THE ALLOWABLE OF TWO OCCUMERNICES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	DENIALS 5	DENIALS 2102	CLAIMS FINALIZED	CLAIMS PAID
NUMBER PROV 3404901 SMOXY W/DD/ W/DD/ 3404904 WESTER DS LM 3404910 PATHN	VIDER NAME Y MOUNTAINM //SAS TERN HIGHLAN ME	EORS 21 21 21 21 21 21 21 21 21 21 21 21 21	DENTALS 1446 3333 131 142 27 1	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE CLAIM DENIED DUE TO INSUFFICIE NT SUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EXCEEDS THE ALLOWABLE OF TWO OCCUMERNICES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	DENIALS 5	DENIALS 2102	PINALIZED 2206	PAID 104
3404901 SMOKY WESTE DS LM	Y MOUNTAINM //SAS	21 8559 537 8505 11 11	1446 333 333 131 142 27 1	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE CLAIM DENIED DUE TO INSUFFICIE NT SUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EXCEEDS THE ALLOWABLE OF TWO OCCUMERNICES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	5	2102	2206	104
3404904 WESTE DS LM	FERN HIGHLAN ME HRAYS	8599 8505 8505 11 8565	333 333 131 142 27 1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE CLAIM DENIED DUE TO INSUFFICIE WIT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EXCERDS THE ALLOWABLE OF THO OCCURRENCES PER FOP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404904 WESTE DS IM	FERN HIGHLAN ME ME MAYS	8505 11 8565	131 142 27 1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE CLAIM DENIED DUE TO INSUFFICIR INT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EXCEEDS THE ALLOWABLE OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
DS LM	TEEN HIGHLAN	8505 11 8565	131 142 27 1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE CLAIM DENIED DUE TO INSUFFICIR INT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EXCEEDS THE ALLOWABLE OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404910 PATHW	TEEN HIGHLAN	8505 11 8565	131 142 27 1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE CLAIM DENIED DUE TO INSUFFICIR INT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EXCEEDS THE ALLOWABLE OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
DS LM	ERN HIGHLAN ME	8505 11 8565	131 142 27 1	BENETIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EKCEEDS THE ALLOWABLE OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	170	172	2
3404910 PATHW	ERN HIGHLAN ME	8505 11 8565	27	HIS DATE OF SERVICE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EXCERDS THE ALLOWABLE OF TWO OCCURENNESS PER POP GROUP WITHIN A FIRST YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECUPIENT, PROVIDER AND	0	170	172	2
3404910 PATHW	ERN HIGHLAN ME	8505 11 8565	27	HIS DATE OF SERVICE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EXCERDS THE ALLOWABLE OF TWO OCCURENNESS PER POP GROUP WITHIN A FIRST YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECUPIENT, PROVIDER AND	0	170	172	2
3404910 PATHW	ME	8565 8599	142	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EXCEEDS THE ALLOWABLE OF THO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECUPEINT, PROVIDER AND	0	170	172	2
3404910 PATHW	ME	8565 8599	1	NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EXCEEDS THE ALLOWABLE OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	170	172	2
3404910 PATHW	ME	8565 8599	1	NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EXCEEDS THE ALLOWABLE OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	170	172	2
3404910 PATHN	WAYS	8565	1	CLIENT NOT ELIGIBLE ON SERVICE DATE SERVICE EXCEEDS THE ALLOWABLE OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECUPIENT, PROVIDER AND	0	170	172	2
3404912 CATAN	WAYS	8565	148	DATE SERVICE EXCEEDS THE ALLOWABLE OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	170	172	2
3404912 CATAN	WAYS	8565	148	DATE SERVICE EXCEEDS THE ALLOWABLE OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	170	172	
3404912 CATAN	WAYS	8599	148	OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404912 CATAN	WAYS	8599	148	OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404912 CATAN	WAYS	8599	148	OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404912 CATAN				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404912 CATAN				ION OF RECIPIENT, PROVIDER AND				
3404912 CATAN				ION OF RECIPIENT, PROVIDER AND	t			
		11		BENEFIT PACKAGE.				
		11						
			120	CLIENT NOT ELIGIBLE ON SERVICE	13	378	4005	3598
				DATE		370	1003	3330
		8536	32	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR	-			
	WBA COUNTYM	8931		AMTNC INELIGIBLE TO RECEIVE SE				
ENTAL	L HEALT			RVICES IN IPRS.				
					-			
		79	1	THIS SERVICE IS NOT PAYABLE TO	1	3	368	365
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	-			
				THOUSEN THE MAD OF BETTABLE IN				
		27		DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
		8534	445	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING				
ENTAL	L HEALT			PROVIDER. PLEASE VERIFY THE F				<u> </u>
		11	211	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1242	6026	4784
		10		DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	 	-		
				DIAGNOSIS, PROCEDURE CODE FOR				
3404916 CROSS		8505	41	CLAIM DENIED DUE TO INSUFFICIE				
	SROADS BEHA AL HEAL	0.00		CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	-	-		
VIORA	AL REAL							
		79	35	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING	0	140	4601	4461
				PROVIDER TYPE AND SPECIALTY IN				
		8518	29	CLAIM DENIED, SUBMITTED BEYOND	-			L
				FILING TIMELIMIT. PRIOR	-			
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404917 CENTE	ERPOINT HUM	11	529	CLIENT NOT ELIGIBLE ON SERVICE	-			ļ
Cantin	ERVICES			DATE				
		8505	128	CLAIM DENIED DUE TO INSUFFICIE	1	828	2473	1645
				NT BUDGET	<u> </u>	028	41/3	1045
		8536	62	ATTENDING PROVIDER TYPE AND SP		-		
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404919 GUILF	FORD CO MEN	8505	662	CLAIM DENIED DUE TO INSUFFICIE	-			—
GUILF	HEALTHC			NT BUDGET				
		8599	34	DETAIL NOT COVERED BY COMBINAT	1	757	1592	835
				ION OF RECIPIENT, PROVIDER AND		.57	1332	033
<u></u>				BENEFIT PACKAGE.				\Box
		21	23	DUPLICATE OF CLAIM-SYSTEM	-			
					-			_
-					 			

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404920	ALAMANCE CASWEL	8518	2994	CLAIM DENIED, SUBMITTED BEYOND				
	L AREA MH D			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8505	2401	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	5641	7300	1659
				NI BUDGET				
	 							
		21	75	DUPLICATE OF CLAIM-SYSTEM				
	ļ							
3404921	ORANGE PERSON C	5312	3723	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
		21	1749	DUPLICATE OF CLAIM-SYSTEM		6975	10198	3223
								<u> </u>
								
	†	8505	664	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404922	<u> </u>	8505	489	CLAIM DENIED DUE TO INSUFFICIE				
3404922	THE DURHAM CENT	8505	489	NT BUDGET				<u> </u>
	ER		l			-		
	 					<u> </u>		
		8599	209	DETAIL NOT COVERED BY COMBINAT	26	808	1771	963
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	ļ	8800	41	FURTHER PROCESSING NECESSARY,	ļ			\vdash
	+	5500	**	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	ļ	 		
	 			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.		ļ		
	 							
3404923	FIVE COUNTY MH	8536	82	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		79	49	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING		275	2761	2486
				PROVIDER TYPE AND SPECIALTY IN				
				TROVIDER TITE AND STREETED IT				
	 	8599	38	DETAIL NOT COVERED BY COMBINAT		-		
	· · · · · · · · · · · · · · · · · · ·			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE	8505	894	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	R FOR MH/DD			NI BUDGET				
								
		21	172	DUPLICATE OF CLAIM-SYSTEM	160	1526	5075	3549
					100	1520	3073	3345
		8935	146	ASTNC INELIGIBLE TO RECEIVE SE				
	<u> </u>			RVICES IN IPRS.				
			ļ					
3404926	SOUTHEASTERN RE	8518	197	CLAIM DENIED, SUBMITTED BEYOND				
	G MENTAL HL			FILING TIMELIMIT. PRIOR				
	O MINIAD IID			FISCAL YEAR DOS (JULY 1 - JUNE				
		21	54	DUPLICATE OF CLAIM-SYSTEM	25	395	2618	2223
	-						ļ	
		23	33	SERVICE REQUIRES PRIOR APPROVA		 		
				L				
3404927	CUMBERLAND CO M	8505	658	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	ļ	ļ	ļ	
	HC		ļ	NI BODGET		<u> </u>		
			ļ		ļ	 		
	 	8599	52	DETAIL NOT COVERED BY COMBINAT		770	995	225
				ION OF RECIPIENT, PROVIDER AND	l		293	
				BENEFIT PACKAGE.				
		21	40	DUPLICATE OF CLAIM-SYSTEM				
	ļ							
	 				ļ	 		
3404930	JOHNSTON COUNTY	8505	359	CLAIM DENIED DUE TO INSUFFICIE		-		
	MNTL HLTHC	· · · · · · · · · · · · · · · · · · ·		NT BUDGET	·	<u> </u>		
		8599	3	DETAIL NOT COVERED BY COMBINAT	0	362	407	45
		ļ		ION OF RECIPIENT, PROVIDER AND	L			
			ļ	BENEFIT PACKAGE.		ļ		\vdash
3404931	MAKE GO HER GAG	8599	397	DETAIL NOT COVERED BY COMBINAT				
	WAKE CO HUM SVC		F	ION OF RECIPIENT, PROVIDER AND		 		
	BILLING OF			BENEFIT PACKAGE.				
	1	8534	135	SERVICE FACILITY LOCATION IS N	112	1030	10769	9739
		1		OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		21	0.6					
		21	96	PROVIDER. PLEASE VERIFY THE F DUPLICATE OF CLAIM-SYSTEM				
		21	96					
		21	96					

							TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENTALS	DENIALS	FINALIZED	PAID
3404933	SOUTHEASTERN CT	8537	460	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND				
	R FOR MH/DD			SPECIALTY IN ACCORDANCE TO MEN				
		8000	161	NO RATE AVAILABLE ON FILE TO P		1024	6028	5004
				RICE INIS CHAIN DEIRIE				
		8599	110	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404934	ONSLOW CARTERET	8599	119	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	BEHAV HEAL			BENEFIT PACKAGE.				
	ļ	8535	107	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM.		336	1225	889
				PLEASE RESUBMIT THE CLAIM WITH				
		21	34	DUPLICATE OF CLAIM-SYSTEM				
2404025		0		*** NO DATE TO DEPOSE ***				
3404935	WAYNE CO MENTAL HEALTH CTR	0		*** NO DATA TO REPORT ***				
		0	0					
	-		-		0	0	0	
3404936	WILSON-GREENE M	8505	48	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ENTAL HEALT							
		8534	5	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	2	57	463	406
	-			PROVIDER. PLEASE VERIFY THE F				
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGECOMBE NASH	21	9	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		8518	8	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR		17	158	143
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404939	NEUSE MENTAL HE	3412	372	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED				
	ALTH CENTER			BENEFIT SERVICES ON OR AFTER D				
		670	24	OTHER DIAGNOSIS CODE 4 IS INVA		431	737	306
				LID.				
	· · · · · · · · · · · · · · · · · · ·							
		8654	19	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
3404941	PITT CO MH/DD/S	21	67	DUPLICATE OF CLAIM-SYSTEM				
	AS CENTER		ļ					
	-							
		120	10	CLIENT ID NUMBER MISSING OR IN	0	118	1329	121
			ļ	VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		669	10	OTHER DIAGNOSIS CODE 3 IS INVA				
		-		LID				
	+							
3404942	ROANOKE CHOWANH	8599	30	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	+							
		23	14	SERVICE REQUIRES PRIOR APPROVA	1	70	142	72
				L				
	+							
		10	9	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
			ļ	DIAGNOSIS, PROCEDURE CODE FOR				
3404943	ALBEMARLE MENTA	8599	48	DETAIL NOT COVERED BY COMBINAT				
	L HEALTH CE			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	-	8536	45	ATTENDING PROVIDER TYPE AND SP	1	168	967	79:
				ECIALTY COMBINATION IS NOT		100	367	, , , ;
				VALID FOR SUBMITTED BILLING PR				
		1		THIS SERVICE IS NOT PAYABLE TO		-		
		79	144					
		79	44	YOUR SUBMITTED BILLING				
		79	44					

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404944	EASTPOINTE HUMA	8621	60	60 RESIDENTIAL LEVEL III TREAT				
	N SERVICES			MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8599	8	DETAIL NOT COVERED BY COMBINAT		3	87 84	753
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	· · · · · · · · · · · · · · · · · · ·						<u> </u>	
		8518	8	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE	1			†
3404946	FOOTHILLS AREAM	3746	95	RELATED CODES NOT ALLOWED SAME				
	ENTAL HEALT			DATE OF SERVICE.				
								
		8599	50	DETAIL NOT COVERED BY COMBINAT		14 2	72 122	3 953
				ION OF RECIPIENT, PROVIDER AND		-		
				BENEFIT PACKAGE.				
		143	38	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				1
3404957	TIDELAND MENTAL	191	153	CLIENT ID NUMBER DOES NOT MATC				<u> </u>
				H PATIENT NAME				
	HEALTH CTR							
	+							
	+	8518	29	CLAIM DENIED, SUBMITTED BEYOND		3 2	22 236	B 2146
				FILING TIMELIMIT. PRIOR		3 2.	22 230	2140
				FISCAL YEAR DOS (JULY 1 - JUNE				
		21	22	DUPLICATE OF CLAIM-SYSTEM				
								+
								+
								+
3404979	NEW RIVER AREAM	8518	38	CLAIM DENIED, SUBMITTED BEYOND				
3404373	H/DD/SA PRO			FILING TIMELIMIT. PRIOR				+
	H/DD/SA PRO			FISCAL YEAR DOS (JULY 1 - JUNE				
	+	11	27	CLIENT NOT ELIGIBLE ON SERVICE		0 1	13 16	0 47
				DATE		U 1.	15	47
	+					1	+	
	+					+	+	
	+	537	19	PROCEDURE IS NOT COVERED FOR T			+	
		1.7.		HIS DATE OF SERVICE		+		